

Training abroad? Not so difficult

The scientific literature regarding globalisation is growing, and hurdles and opportunities are emerging.¹ Mobility of patients and doctors is a reality. In Europe, the European Commission Directive 2005/36/EC on professional qualifications enables freedom of movement for doctors, which raises the need for cross-cultural¹ and public-health training.² Trainees have advocated for periods of training abroad to meet global health competencies, but face some difficulties.

Despite the benefits of exchange programmes,³ not all medical specialties have considered periods of training abroad in the postgraduate curriculum, or make provision for them. Training abroad is usually thought to be very difficult to organise, and many trainees give up before they try. Finding a suitable placement, and difficulties in language, funding, and approval of absences, are some of the most-cited problems.⁴

To address this issue, junior doctors from the European Federation of Psychiatric Trainees (EFPT) created and run the EFPT Exchange Programme. Through EFPT's networks and coordination, it offers observership placements for psychiatric trainees in Europe since 2011.⁵ Trainees can spend 2–6 weeks in more than 30 different placements. They gain experience in specialties not available in their home countries, do joint research projects, and establish lasting friendships.

Feedback from participants shows excellent overall satisfaction, and the programme has been improved in response to participants' comments. With 30 completed exchanges and 2 years of experience, we have shown that many barriers can be overcome, and that short periods of training abroad are feasible during specialty training. For example, funding difficulties can be overcome by the visiting doctor being hosted by a

local trainee, with subsidised meals or accommodation offered by the host organisation. Language barriers can be overcome through the help of local trainees during clinical shadowing. Short placements can assist with obtaining time off, both from family and professional responsibilities. Many have used vacations or private leave.

However, because the postgraduate curriculum in most countries neither makes provision for nor accredits periods spent abroad, the final word relies on the support of consultant supervisors, directors of medical education, and hospital managers. Creativity and goodwill among trainees and seniors are the essence of success of such international experiences.

So, how difficult is it to train abroad? Not so difficult, we dare say. We think that exchange programmes should be implemented in postgraduate curricula, which would bring benefits at the individual level for both applicants and host trainees, and at the global health level for participant institutions.

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**Marisa Casanova Dias, Maria Orlova, Mariana Pinto da Costa, on behalf of the EFPT Exchange working group*
marisa.dias@gmail.com

Mental Health Sciences Unit, University College London, London WC1E 6BT, UK (MCD); Moscow Research Institute of Psychiatry, Moscow, Russia (MO); and Hospital Magalhães Lemos, Porto, Portugal (MPdC)

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